UNITED STATES HOUSE OF REPRESENTATIVES FORM B	LEGISLATIVE RESOURCE
`	18 FEB 14 PM 1: 19
Name: Unvilla Villa Daytime Telephone:	O.S. HOUSE OF REPRESENTATIONS
New Member of or Candidate for State: TK U.S. House of Representatives District: OS Check if Amendment	(Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to \(\) \(A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? **Pes** No	ng the reporting yes No
C. Did you or your spouse have "earmed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes V No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESI	OTH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Have you excluded Yes No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	et all three tests for Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: DAVID WILLIAMS

Page

BLOCK A Assets and/or Income Sources Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting peniod, and (b) any other reportable asset or source of income	BLOCK B Value of Asset Value of Asset Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is	BLOCK C Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends,	
Identity (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned income during the year. Provide compress of stocks and mutual funds	dose of the reporting period. If you ther than fair market value, please uring the reporting period and is renerated income, the value should held by your spouse or dependent	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "Yone" if the asset cenerated no income	For ass assets capital Check*
Provide complete names of stocks and mutual funds (do not use only ticker symbols).	*Column M is for assets held by your spouse or dependent child in which you have no interest.	"None" if the asset generated no income during the reporting period.	
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the coording thresholds.			
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is the \$1,000 in the property financial institution accounts.	A BB C C D E E E E E E E E E E E E E E E E E		Current Year Preceding Year I II III IV V VI VII VII K X X X XII I II III IV V VI VII VII K X X X
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.		me)	
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		me or Farm Inco	
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	•	., Partnership Inco	00*
If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.			\$1,000,000
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	15,000 \$50-000 \$100,000 -\$250,000 -\$500,000 -\$1,000,000 01-\$5,000,000 01-\$25,000,000	GAINS ED/BLIND TRUS	2,500 5,000 15,000 \$50,000 \$100,000 \$1,000,000 000,000 000,000 000,000 15,000 15,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$250,001 \$500,001 \$1,000,00 \$5,000,00 \$25,000,0 Over \$50	TAX-DEF	\$1,000,00 Over \$5,0 Spouse/D None \$1-\$200 \$201-\$1,0 \$1,001-\$; \$5,001-\$ \$5,001-\$ \$15,001-\$
SP, EIF DC, Mega Corp Stock	×	×	×
Examples:	Indefinite	Royalties	×
ABC Hedge Fund X	×	Partnership Income	×
USAA-ROTH IRA	×		***
SP USAA-BOTH NEA	X		
H01 K	*	×	
SP HO! K	**	×	
USAA - ANNUITY	*		

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: DAVIO WILLIAMS

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BLOCK A		J					8	BLOCK B	ω,										밀	вгоск с	C				- 1	1								Į	B	BLOCK D	°.	1			J					J	ı	
Assets and/or Income Sources					_	a l	<u> </u>	Value of Asset	55	#							-4	Type of Income	0	3	8	30											3	ĕ	Ĭ	Amount of Income	Š	Ĭ	•									
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SCHEDULE C - EARNED INCOME

Name: DAVID WILLIAMS Page H of 6

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for

	ı	Am	Amount
Source (include date of receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
	Honorarum	\$0	\$500 \$76 000
Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
UNIVERSITY OF TEXAS HEALTH NORTHEAST	SALARY	11, 100	106,272
PRECISION SPINE	SPOUSE SHARY	५,०६०	53, (00

SCHEDULE D - LIABILITIES

Name: PAVIO WILLIAMS

Page 5 of 6

period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting *Column K is for liabilities held solely by your spouse or dependent child.

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SCHEDIII E E - BOSITIONS		A.	3	Example	 		
П П		AUSTIN BANK	ered pu	ple			
BO S		BA	Du	First B	Cre		
		スト		First Bank of Wilmington, DE	Creditor		
0				ington, DE			
		4-17	[] 1	5/98	Date Liability Incurred MO/YR		
	 		,	8	YR		
		BUSINESS LOAN	AUTO LOAN	Mortg			
		NESS	g g	Mortgage on Rental Property, Dover, DE	Туре		
		ر الح	2	ntal Propert	Type of Liability		
		2		ly, Dover, E	ility		
				Ή			
		X			\$10,001- \$15,000	>	7
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					\$25,000,001- \$50,000,000	_	
					Over \$1,000,000*	٠.	
					(Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year. Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership,

positiva and the current calendar year. There year candidate	penda ainu ure current caternal year. First-year cantinuates and new employees report positions neigh in the current caternal year and two previous years.
Position	Name of Organization

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EDULE F - AGREEMENTS	Name:	DAUND	Name: DAVID WILLIAMS	Page 6 of 6
the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	spect to: fu	uture employment	; a leave of absence during the period	of government service;

Terms of Agreement	Date Parties to Agreement
ou have with respect to: future employment; a leave of absence during the period of government service; sovernment; or continuing participation in an employee welfare or benefit plan maintained by a former	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer.

Parties to Agreement	Date
ent	Parties to Agreem

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

get on the set of the transfer on total or to the set of the set o	principles of the second secon
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
UT HEALTH NORTHEAST	SALARY
PRECISION SPINE CARE	SPOUSE SALARY